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| FORM PTO-1390 (Modified)<br>(REV 5-93) U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE  |  | ATTORNEY'S DOCKET NUMBER<br><b>065691/0212</b>                                     |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  |  |
|   |  | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.14)<br><b>09/763724 Unassigned</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/FR99/02052   | INTERNATIONAL FILING DATE<br>August 27, 1999 | PRIORITY DATE CLAIMED<br>August 31, 1998   |
| TITLE OF INVENTION<br><b>METHOD FOR OBTAINING AVIAN BIOLOGICAL PRODUCTS</b>   |  |  |
| APPLICANT(S) FOR DO/EO/US<br><b>Laurent MOLLARD, Agnes MONTILLET, Cecile HORRIERE, Jack LEGRAND and Tan Hung NGUYEN</b>   |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |  |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</p> <p>4. <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19<sup>th</sup> month from the earliest claimed priority date.</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br/> <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).<br/> <input checked="" type="checkbox"/> has been transmitted by the International Bureau.<br/> <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)</p> <p>6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br/> <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).<br/> <input type="checkbox"/> have been transmitted by the International Bureau.<br/> <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/> <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> <p>11. <input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27 .</p> |  |  |
| Items 12. to 17. below concern other document(s) or information included:   |  |  |
| <p>12. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>13. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>14. <input checked="" type="checkbox"/> A FIRST preliminary amendment.<br/> <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>17. <input checked="" type="checkbox"/> Other items or information: Associate Power of Attorney</p>   |  |  |

**23533**

PATENT TRADEMARK OFFICE

| U.S. APPLICATION NO. (If known, see 37 CFR 1.50)<br>Unassigned <b>091763724</b>  |              | INTERNATIONAL APPLICATION NO.<br>PCT/FR99/02052 |              |      | ATTORNEY'S DOCKET NUMBER<br>065691/0212 |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
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| 18. <input checked="" type="checkbox"/> The following fees are submitted:  |              |   |              |      | <b>CALCULATIONS</b>                     |        | <b>PTO USE ONLY</b> |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Basic National Fee (37 CFR 1.492(a)(1)-(5):<br>Search Report has been prepared by the EPO or JPO.....\$860.00<br>International preliminary examination fee paid to USPTO<br>(37 CFR 1.482).....\$690.00<br>No international preliminary examination fee paid to USPTO (37 CFR 1.482)<br>but international search fee paid to USPTO (37 CFR 1.445(a)(2)) .....\$710.00<br>Neither international preliminary examination fee (37 CFR 1.482) nor<br>International search fee (37 CFR 1.445(a)(2)) paid to USPTO .....\$1,000.00<br>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br>and all claims satisfied provisions of PCT Article 33(2)-(4) .....\$100.00   |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>  |              |   |              |      | \$860.00                                |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 20<br>Months from the earliest claimed priority date (37 CFR 1.492(e))   |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Claims</th> <th>Number Filed</th> <th>Included in Basic Fee</th> <th>Extra Claims</th> <th>Rate</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>6</td> <td>-</td> <td>20</td> <td>= 0</td> <td>x \$18.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-</td> <td>3</td> <td>= 0</td> <td>x \$80.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td colspan="5">Multiple dependent claim(s) (if applicable)</td> <td>\$270.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$860.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Reduction by ½ for filing by small entity, if applicable.</td> <td>\$0.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5"><b>SUBTOTAL =</b></td> <td>\$860.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Processing fee of \$130.00 for furnishing English translation later the 20<br/>months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td>+</td> <td></td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL NATIONAL FEE =</b></td> <td>\$860.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br/>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +</td> <td>\$40.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$900.00</td> <td></td> <td></td> </tr> <tr> <td colspan="5"></td> <td>Amount to be:<br/>refunded \$</td> <td></td> <td></td> </tr> <tr> <td colspan="5"></td> <td>charged \$</td> <td></td> <td></td> </tr> <tr> <td colspan="8">         a. <input checked="" type="checkbox"/> A check in the amount of <u>\$900.00</u> to cover the above fees is enclosed.<br/>         b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of \$0.00 to the above fees. A duplicate copy of this sheet is enclosed.<br/>         c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u>. A duplicate copy of this sheet is enclosed.       </td> </tr> <tr> <td colspan="8">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</td> </tr> <tr> <td colspan="8">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="8">         Foley &amp; Lardner<br/>         Washington Harbour<br/>         3000 K Street, N.W., Suite 500<br/>         Washington, D.C. 20007-5109       </td> </tr> <tr> <td colspan="8">         Phillip J. Articola<br/>         SIGNATURE<br/> <hr/>         Phillip J. Articola<br/>         NAME STEPHEN B. MAEBIUS<br/>         for / Reg. No. 38,819<br/>         REGISTRATION NUMBER 35,264       </td> </tr> </tbody></table> |              |   |              |      |   |        |                     | Claims | Number Filed | Included in Basic Fee | Extra Claims | Rate |  |  |  | Total Claims | 6 | - | 20 | = 0 | x \$18.00 | \$0.00 |  | Independent Claims | 1 | - | 3 | = 0 | x \$80.00 | \$0.00 |  | Multiple dependent claim(s) (if applicable) |  |  |  |  | \$270.00 |  |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  |  | \$860.00 |  |  | Reduction by ½ for filing by small entity, if applicable. |  |  |  |  | \$0.00 |  |  | <b>SUBTOTAL =</b> |  |  |  |  | \$860.00 |  |  | Processing fee of \$130.00 for furnishing English translation later the 20<br>months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  |  | + |  |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  |  | \$860.00 |  |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). 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| Claims   | Number Filed | Included in Basic Fee                           | Extra Claims | Rate |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Total Claims   | 6            | -   | 20           | = 0  | x \$18.00                               | \$0.00 |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Independent Claims   | 1            | -   | 3            | = 0  | x \$80.00                               | \$0.00 |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Multiple dependent claim(s) (if applicable)  |              |   |              |      | \$270.00                                |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |   |              |      | \$860.00                                |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Reduction by ½ for filing by small entity, if applicable.  |              |   |              |      | \$0.00                                  |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>SUBTOTAL =</b>  |              |   |              |      | \$860.00                                |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Processing fee of \$130.00 for furnishing English translation later the 20<br>months from the earliest claimed priority date (37 CFR 1.492(f)).  |              |   |              |      | +                                       |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE =</b>  |              |   |              |      | \$860.00                                |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +  |              |   |              |      | \$40.00                                 |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |              |   |              |      | \$900.00                                |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|  |              |   |              |      | Amount to be:<br>refunded \$            |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
|  |              |   |              |      | charged \$                              |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of <u>\$900.00</u> to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of \$0.00 to the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u> . A duplicate copy of this sheet is enclosed.  |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.  |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:  |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Foley & Lardner<br>Washington Harbour<br>3000 K Street, N.W., Suite 500<br>Washington, D.C. 20007-5109   |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |
| Phillip J. Articola<br>SIGNATURE<br><hr/> Phillip J. Articola<br>NAME STEPHEN B. MAEBIUS<br>for / Reg. No. 38,819<br>REGISTRATION NUMBER 35,264  |              |   |              |      |   |        |                     |        |              |                       |              |      |  |  |  |              |   |   |    |     |           |        |  |                    |   |   |   |     |           |        |  |   |  |  |  |  |          |  |  |                                      |  |  |  |  |          |  |  |   |  |  |  |  |        |  |  |                   |  |  |  |  |          |  |  |   |  |  |  |  |   |  |  |                             |  |  |  |  |          |  |  |   |  |  |  |  |         |  |  |                              |  |  |  |  |          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |            |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |